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Snow, William Freeman

1900-1915 progress

New York

1916

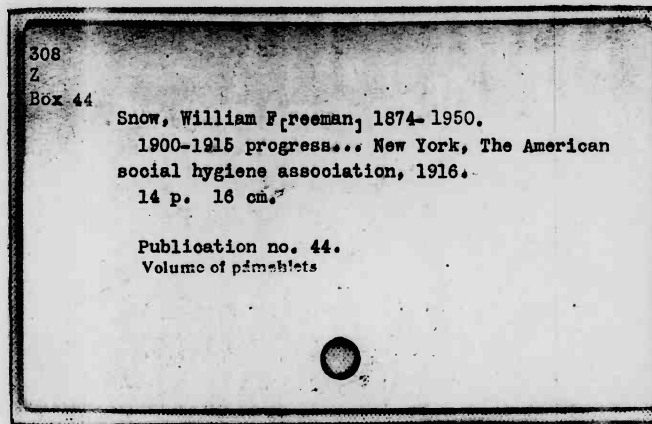
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# 1900 - 1915 PROGRESS

*Prof. E. R. A. Seligman*

BY

WILLIAM F. SNOW, M. D.

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Box 44

The American Social Hygiene Association

105 West Fortieth Street

New York City

1916

"If the civilization of the white race is to survive, it must be saved through the diffusion and adoption of sound policies in regard to social hygiene, carried enthusiastically and persistently into action."

CHARLES W. ELIOT,

*Honorary President,*

*The American Social Hygiene Association.*

The work of the American Social Hygiene Association is directed to the promotion and guidance of sex education, the establishment of the single standard of morality, and the repression of prostitution and its associated evils—venereal disease, mental and moral degeneracy, and economic waste. All who desire to share in the work of promoting social health are invited and urged to give their support to the Association.

## PROGRESS, 1900-1915

WILLIAM F. SNOW, M.D.

*General Secretary*

*The American Social Hygiene Association.*

The phrase social hygiene has had an interesting and varied history and will, I venture to predict, develop other and larger meanings before it finds its permanent usage. Its present meaning is largely due to the necessity for some descriptive term covering diverse activities directed toward sex education, the reduction of venereal diseases, and the repression of prostitution. Apparently the phrase originated through its adoption in 1907 by the Chicago Society for Social Hygiene, which was at the time devoting its energies primarily to sex education.

During the period 1905-1910 state and local societies, special committees of women's clubs, church and medical associations, and other organizations were pointing out the need for organized effort in the social hygiene field. One group of these societies was mainly concerned with the medical and sex education aspects of the problem. On June 6th, 1910 a meeting was held in St. Louis for the purpose of organizing a national association at which eleven local societies were represented.<sup>1</sup> After consideration of such titles of

<sup>1</sup> New York, Pennsylvania, Maryland, California, Colorado, Texas, Connecticut, Indiana, St. Louis, Chicago, Spokane.

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local societies as "Sanitary and Moral Prophylaxis," "The Study and Prevention of Syphilis and Gonorrhea," "Social and Moral Prophylaxis," "Social and Moral Hygiene," it was agreed to designate the national association for the time being "The American Federation for Sex Hygiene." A second group of societies and committees devoted their attention during this period to the problems of prostitution and other forms of sexual vice, and likewise utilized many titles and effected many combinations and affiliations, which finally centered in the American Purity Alliance whose work had begun in 1876. The activities of this alliance were broadened in 1912 and the name changed to the American Vigilance Association. There was also a third group interested primarily in measures for the protection of the family and the development of moral character. Through the consolidation of The American Federation for Sex Hygiene and the American Vigilance Association the present American Social Hygiene Association came into existence in 1914.

Prior to 1900 scientific and sociologic data were being recorded. With increasing frequency papers or addresses appeared on the programs of various organizations calling attention to medical, economic, and moral phases of the problem. The Brussels Conferences of 1902 and 1904 greatly influenced the final decisions to inaugurate educational propaganda in many countries. In part, we owe Dr. Prince A. Morrow's invaluable pioneer

work to these conferences which he attended as delegate from the United States. From 1900 to 1905 the available data were being formulated for the educational work begun in local experiments and discussions. New facts of the highest importance have been discovered in recent years. In the medical field there have been added new observations of gonorrhea and its ravages, the discovery of the organism of syphilis in 1905, the development of the Wassermann reaction in 1907, the preparation of salvarsan for the treatment of syphilis in 1910, and in 1911 the successful inoculation of syphilis and cultivation of its organism. These advances made possible by 1912 a practical campaign against venereal diseases as soon as public opinion could be developed in support of it. In the law and law-enforcement field the records show many persistent and self-sacrificing efforts to utilize existing statutes and to devise new legislative and administrative measures. Typical of these have been the federal "white slave" enactments, the state injunction and abatement laws, the "tin plate" ordinance, and municipal regulations directed toward the repression of commercialized prostitution. Good environment and observance of moral standards have become recognized as vitally important forces against venereal diseases and prostitution as great social ills. Something has been done by social hygiene societies toward applying these forces, and a great deal has been done in this direction by other organizations.

One has only to think back five years to realize how much has been accomplished in the creation of public opinion in support of medical, legal, social, and moral attacks upon the social hygiene problem.

It may now be said that social hygiene is essentially a constructive movement for the promotion of all those conditions of living, environment, and personal conduct which will best protect the family as an institution and secure a rational sex life for the individuals of each generation. This is well shown by the forceful statement of Dr. Edward L. Keyes, Jr., descriptive of the aims and methods of social hygiene societies today. "The elimination of disease and prostitution cannot be attained solely by the enforced registration of venereal diseases, the raiding of disorderly houses, and the enactment of laws against procuration and solicitation. The real strength of the social hygiene movement of today lies in the coöperative activities of the great religious, social, and educational organizations. They are striking the evil at its source; not by driving the prostitute into the street and then out of it again, but by preventing our young girls from becoming prostitutes, and our young men from preying upon them. This they hope to achieve by informing the mind so as to banish prurient curiosity, by diverting the imagination to emotions joyous and clean, by exercising the body in playgrounds and dance halls that are safe, and above all by inspiring the soul with the highest religious and family and civic ideals. To turn lust

into love, 'into the enthralling love of mate for equal mate, into civic love for freedom, home, and state, into the eternal love of God and of all things create'—such is our aspiration." Eventually it is possible that social hygiene may find its place as an inclusive designation for a group of organized and affiliated movements which deal with community problems in which social and moral factors as distinct from sanitary factors are of primary importance. In this sense it is logically a companion term to public hygiene, or public health which is its popular equivalent.

Returning to the consideration of the major activities of social hygiene as it is at present understood, an encouraging prospect is presented. As the period from 1905 to 1910 was one of industrious collection of scientific and social data and pioneer experiments in organization, and the period from 1910 to 1915 has been one of persistent education and formation of public opinion, so the period from 1915 to 1920 promises to be one of active administrative effort to achieve results which have been demonstrated to be attainable. In the medical field a fairly definite program has been begun.

In attacking any disease from which he is attempting to protect the public, the health officer first secures all the information obtainable upon existing cases and arranges for their treatment and supervision under conditions which will preclude transmission of the disease to others. He then

proceeds to carry out such additional measures as are calculated to protect the non-infected portion of the population from any cases he has not discovered. He finally endeavors to secure those community conditions and standards of personal hygiene and conduct which will prevent the recurrence of the disease after it has once been eradicated. Analyzing on this basis the evidences of progress in reducing venereal diseases, we find now in many parts of the United States diagnostic facilities, advisory stations, dispensary services, and, to a limited extent, hospital care, provided in an endeavor to benefit the infected and to teach them how to protect the public during the continuance of their disease. The extension of hospital social service to this class of cases is recognized to be wise and practicable, and progress is being made in getting venereal diseases reported.

The instruction of the public in measures for the protection of non-infected individuals has also progressed. Obviously, continence outside of marriage for both men and women is the greatest factor in the prophylaxis of these diseases, and the acceptance of this standard has been steadily urged by the social hygiene societies, a few health officers, and those moral agencies which have been induced actively to participate in the campaign. The other factor in personal prophylaxis—i. e., medical prophylactic measures—is still on the firing line. That society is not opposed in general to the popularization of methods of preventing the

spread of diseases by means of medical applications, or even to the furnishing at public expense and compelling the use of medical prophylactics is amply demonstrated by numerous instances, as witness the requirement of vaccination against smallpox, the administration at public expense of diphtheria antitoxin, the distribution of silver nitrate solutions for preventing gonococcus infections of new-born babies' eyes. The opposition to medical prophylactic measures in venereal diseases is based primarily upon the public's determination to safeguard something it holds far more precious than health, namely, the morals of the community, and before medical prophylactics can be wisely utilized their bearing upon the moral problems must be worked out and well-considered plans adopted.

The attack upon community conditions indirectly influencing the prevalence of venereal diseases or favoring their return to a community, could they be once eradicated, is viewed by the health official largely as an academic question. These diseases, like tuberculosis, are endemic and his executive responsibility leads him naturally to interest himself primarily in the existing cases and those individuals in immediate contact with them. It is significant, however, that the section of public health officials of the American Public Health Association adopted in September, 1915, a program for combating venereal diseases which included recognition of the importance of the following contributing measures:

Repression of prostitution through law enforcement; provision of ample facilities for wholesome play and recreation, and elimination of environmental and social conditions, which encourage extra-marital sex relations; elimination of alcoholic drinks; promotion of sex education and standards of personal conduct which are in keeping with high moral principles; encouragement of early marriage after maturity and promotion of economic and social conditions conducive thereto.

A similar note is struck in the popular pamphlets now beginning to follow the work of the British Royal Commission on Venereal Diseases. One such pamphlet concludes with the following:—

“It is certain that the Royal Commission in its final report will lay great stress on the necessity of making it as easy as possible for those who are suffering from venereal disease to secure first-rate advice and treatment. It will no doubt advise the use of public money in order to place modern means of diagnosis and treatment within the reach of the poorest, and the most extensive possible programme of education and warning for the young and for those diseased. But it will certainly, as far as one can judge, not recommend much in the way of legislation, nor the use of compulsion for the civilian population in any shape.

“It will suggest that the ‘stigma’ or reproach attached to these diseases is one great obstacle to people who might otherwise be willing to apply at once for treatment. Now if there is to be no com-

pulsion there must be a helpful atmosphere; a feeling of helpfulness in the air, sprung from the sense of a common responsibility, and a common burden to be borne. Still, it is useless to pretend that the responsibility lies with equal weight upon all, or to adopt the policy of whitewashing corruption. Unclean living, whether occasional or habitual, is not a misfortune, but a vice. It would be nothing short of a public calamity if the idea gained acceptance that syphilis is not to be more abhorred than smallpox, and that he who carelessly, or after warning, transmits its poison to his wife and children, ought not to be held guilty of a crime.

“Any man who reads this pamphlet fairly must admit that it is common sense to do the best he can to avoid the risks to himself and others that it describes; while, as for the women and children, well—we take it for granted that they go first into the boats, because this has become a national habit. When it has become a national habit to put them first in what is much more than a matter of mere life or death, syphilis and prostitution itself will be in a fair way to disappear.”

Such evidence seems clearly to indicate that the public will soon assume the same attitude toward venereal infections that it does toward other dangerous communicable diseases—an attitude of sympathy and assistance for the infected individual, while a frank and searching inquiry is made into the source of the infection and contributory



conditions in the community. Perhaps the time will come when the concealment of syphilis and gonorrhea cases will be followed by a suspicion that the opportunities for spread of these diseases are unusually large, and that the community thus failing to record frankly its morbidity rate for these diseases is not a safe place in which to establish a home. Every health officer knows the power of such an argument in securing funds and support for the battle against such diseases as typhoid fever, malaria, and even tuberculosis. Social hygiene societies are endeavoring to turn this power to account in the battle against the venereal diseases.

In the law and law-enforcement field the endeavor to repress prostitution and to establish activities which may ultimately eliminate at least its commercialized aspects has made notable advances. The battle against segregation or other forms of regulation of prostitution as a recognized public policy has been won. New Orleans and San Francisco are the only two large cities in the United States where publicly acknowledged red light districts are maintained. The recent agitation in Louisiana over an abatement and injunction bill and the persistent fight for better conditions in California maintained against the greatest opposition are indications that these remaining strongholds of the segregation policy must give way.

The creation of such effective organizations as the Committee of Fourteen in New York and

the Committee of Fifteen in Chicago is evidence of determination to go steadily forward. The activity of other agencies including the several departments and bureaus of the Federal Government empowered to deal with special phases of the problem is further evidence of progress.

Looking toward the prevention of its return, once open prostitution has been driven out of a community or measurably reduced, various laws and administrative measures have been formulated providing in the main ready means for an individual or small group of citizens to set in motion law enforcement machinery, as illustrated by the various abatement and injunction laws; public facilities for proper investigation and official action in the best interests of both the public and the individuals concerned, as illustrated by the creation of morals commissions or morals courts; adequate institutions for the treatment, discipline, or segregation of delinquents. Progress is being made in building up better environmental conditions, and in recognition of the important bearing of such factors as alcoholism, feeble-mindedness, lack of self-control, toleration of extra-marital alliances, illegitimacy, desertion, and divorce upon social hygiene problems. Efforts are also being made to correlate laws and ordinances and to standardize procedure in the several states. The personal factor in moral prophylaxis, like that in medical prophylaxis, is in a state of uncertain development.

The study of all the notable advances in social hygiene shows certain common principles of procedure. First there have been comprehensive and thorough investigations of each phase of the problem. Plans for dealing with the situation thus revealed have been worked out, the facts have been made public, and practical demonstrations of the proposed measures have been arranged. These steps have been followed by a careful campaign to arouse public opinion in support of the demonstrated measures. Attempted short cuts in this procedure have usually proved disastrous or delayed permanent gains. The movement cannot afford to be unduly forced by impatient enthusiasts or retarded by the over-cautious. It must lead public opinion in its field, but the administrative measures advocated can not succeed in advance of a general belief in their efficacy and public determination to have them enforced. The old adage, "Well begun is half done," has often proved true. Whether it is given to this generation to accomplish so much for the social hygiene movement, time will show. The future seems full of promise.

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